## IMMACULATE ADULT FAMILY HOME LLP IMMACULATE ADULT FAMILY HOME LLP License #752249 August 26, 2021 Page 2

Inspect the home to determine if you have corrected all deficiencies.

### You May:

- Ask for an informal dispute resolution meeting, according to the attached "Informal Dispute Resolution" instructions; and
- Ask questions and provide written information to help clarify or dispute the deficiencies.

### If You Have Any Questions:

Please contact me at (253) 234-6007.

Sincerely,

Elena Atanasova, Field Manager

Region 2, Unit G

Residential Care Services



# **Residential Care Services Investigation Summary Report**

**Provider/Facility:** IMMACULATE ADULT FAMILY HOME Intake ID(s): 3783756

LLP (689373)

License/Cert. #: AF752249

**Investigator:** Region/Unit: RCS Region 2/Unit D Anderson, Laurie

**Complainant Contact Date(s):** 08/06/2021, 08/18/2021

**Allegations:** 

#1. The Adult Family Home (AFH) did not pay their annual licensing fee by June 2021.

**Investigation Methods:** 

**Observations:** X Sample: Residents

**X** Interviews: **X** Record Reviews: Resident 1

Resident 2

Staff A, Entity Rep

Staff B, Co-representative

Staff C, Caregiver Staff D, Caregiver

#### **Allegation Summary:**

Investigation 08/10/2021 through Date(s): 08/19/2021

AFH environment AFH Food supply

S: Check written for payment of licensing fee Tracking receipt to show payment was mailed

2021. Interviewed Staff C re was plenty of food. Staff C showed #1. The Adult Family Home (AFH) did not pay their annual licensing fee by due date of June 2021. Interviewed Staff C (Caregiver). Staff C stated that the AFH was fully operational with power and water and there was plenty of food. Staff C showed the Licensor the food supply which was sufficient in amount for several days. Staff C also stated they were paid in full and on time each pay day. Interviewed Staff D. Staff D stated that they were paid in full and on time each pay day. Interviewed Resident 1 and Resident 2. Both Resident 1 and Resident 2 stated that everything in the AFH was good with power, water and food. Resident 1 and Resident 2 both stated that they did not have any concerns. Interviewed Staff A (Entity Representative, ER) and Staff B (co-representative). Staff A and Staff B stated that they forgot the payment for the annual licensing fee was due. Staff B stated that they would send the payment in immediately. Reviewed document provided by the ER which showed full payment was mailed to department on 08/10/2021. Reviewed Facility Management System on 08/18/2021 which showed annual licensing fee was paid in full. Consultation written. Complainant notified of the outcome on 08/18/2021 at 08:12 AM. ER notified of outcome on 08/19/2021 at 1:05 PM.

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Unalleged Vi	olation(s):	☐ Yes	X No		
Conclusion / Action:	☐ Failed Provider Practice Identified / Citation(s) Written			🕱 Failed Provider Practice Not Identified / No Citation Written	_

This document was prepared by Residential Care Services for the Locator website.